

DEBT MANAGEMENT TERMINATION NOTIFICATION

I, _____ residing at _____		
(Name)	(Number)	(Street)
_____, heretofore in the employ of _____		
(City)	(State)	(Zip Code)
_____, a licensee, have terminated my connection with the said employer on _____		
_____, for the following reason: _____		
(Date)		
Signed _____		Dated _____
(If signature is not obtainable, please submit explanation.)		

LICENSEE	
I, _____, a/an _____	
(First Middle Last)	(Officer, Partner, Member or Proprietor)
of _____, hereby state that the above named	
individual heretofore in our employ has terminated his connection with us effective on _____	
(Date)	
and I believe that the individual is/is not entitled to transfer. If you have answered in the negative, explain why:	

Signature of Licensee _____	By (Officer, Partner, Member or Proprietor) _____
Title _____	Date _____

NOTE: No confirmation of this termination will be sent.**RETURN COMPLETED APPLICATION TO:**

Office of Financial and Insurance Services
Division of Licensing
P.O. Box 30220
Lansing MI 48909

Our Web address is <http://cis.state.mi.us/ofis>
Our toll free number is 1-877-999-6442

This form is required for renewal by Rule 451.1231 of the Debt
Management Rules.

